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ABSTRACT

Montgomery County Children's Services, which provides public child welfare services in Dayton, Ohio, has instituted a family resource system to better serve and reduce the number of black children placed in foster care. The agency is mandated to receive and investigate child abuse and neglect complaints and to provide support services. The system is organized around three levels of objectives: (1) to meet emergent needs and link families with basic resources such as food, clothing, and shelter; (2) to enhance families' abilities to tap into existing resources (such as information referral and counseling) and to assist in families' use of community educational, social, and concrete income services; and (3) to educate the community about the needs of vulnerable children and their families with the objective of developing innovative assistance approaches. This document provides a brief description of the agency and lists activities conducted to achieve the agency's mandate, obtain necessary community support, and re-orient the child welfare system toward a family support system. Direct service efforts and community education and involvement efforts are described, and the family resource system and the rationale for system development are discussed. Data on service provision from 1978 to 1985 are reported along with a comparison of costs in substitute care from 1978 through 1983. The text notes that client studies suggest a family resource system is a cost-effective approach to reducing the use of substitute care. (RH)

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FAMILY RESOURCE SYSTEM
PREVENTING UNNECESSARY FOSTER CARE

Dolores B. Reid, Ph.D., ACSW

Of the 2,000 children on any one day that the Montgomery County Children Services, the Public Child Weflare Agency, is involved with a disporportionate number of those children are Black. Our county public child welfare system, like those throughout the country, struggles to be supportive of family systems and to prevent out of home care of children. We are not always successful at preventing out of home care and find the disporportionate number of Black children outside of their home to be disappointing and frustrating.

Child Welfare is viewed by many as the system which rescues children from intolerable situations. For those who provide service in the system or those who provide administrative direction or funding for the system, the issue of over utilization of foster care as the method of rescue is of constant concern. For many of us it appears that resources to work with families could decrease such utilization of foster care. However, to develop and implement a family resource system in a public child welfare system, has been viewed by some as outside of the child welfare system's mandate.

In a renewed attempt to continue to decrease unnecessary foster care and to become more successful in assisting children and families, we proposed a family resource system.

MY OBJECTIVES OF THIS PRESENTATION ARE:

1. To present a working family support model that reduces the need for substitute care.

2. To present information about necessary strategies and activities needed to implement a family resource system in a metorpolitan area served by a public child welfare agency.

3. To present what is viewed by me as necessary to develop and support an ongoing family support model.

The following is a brief description of the agency, our community, our service system, our rationale for deciding to develop a family resource system and the results we have experienced.

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The Agency is a public child welfare agency which is mandated to receive and investigate child abuse and neglect complaints and provide services. The Agency is located in a midwestern state where child welfare services is supervised by the state and administered by eighty-eight local county agencies. Forty-one of the counties have volunteer boards which are responsible for policy and administrative direction of the Agency. This agency is one of the forty-one with a board. The funding for Children Services is primarily local dollars. This agency receives two-thirds of its eleven million dollar budget from local levy funds. The rest of the funding is from a combination of individual children's benefits, state and federal monies.

The Agency provides child welfare services for a county of approximately 572,000 persons with 152,000 families with 160,000 children under age 18. Twenty percent of the county population is Black with fifty percent of the city's population being Black.

The community has a heavy industrial base which has been tied to the automobile industry. Much of the work force are well-paid blue collar workers. At this time, the community is struggling to survive the depressed automobile industry and is showing some success at diversification.

A disproportionate number of children in the child welfare system are Black. Our statistics show that Black children once coming into the system tend to remain longer in the system. It is believed that the disproportionate number and the longer stay is in part due to the fact that Black families tend to be extremely problematic for a system which is organized and operated in accordance with the majority view of family.

The following is a list of activities we have carried out to achieve the Agency's mandate, to obtain necessary community support, and to reorient the child welfare system toward a family support system.

1. Established a mission statement which reflects the Agency's commitment to in-home services, use of quality substitute care only when necessary and permanency planning for any child outside of his own home.

2. Improved our funding situation by getting two local levies passed and by collaborating with other communities' leaders to consolidate the many special purpose levies.

3. Increased the number of staff in the agency.

4. Worked to implement a staff development program which is ongoing and based on continuous needs assessment at the supervisor, supervisee level.

5. Involvement of all staff in problem identification and problem resolution - we developed a five year plan with staff involvement and assistance and now have yearly staff and Board retreats to review accomplishments and set yearly objectives.

6. Networking with other agencies and groups:
   (a) Monthly breakfast meeting with private agency directors, brown bag lunch with the juvenile court judge and membership on various advisory committees.

   (b) Initiation and participation in a child sexual abuse dialogue with representatives from mental health, law enforcement, court, private agencies, school personnel and the children's hospital.

   (c) A school/children services liaison committee which meets on a regular basis.

   (d) Regular membership and participation on the children's hospital interdisciplinary child abuse team.

   (e) A conscious expressed willingness to meet with any group who expresses problems or wishes an opportunity to hear and know more about children services or wishes to participate with us on children related issues and activities.

   (f) Community forums planned and carried out by our Citizen Advisory Council.

DIRECT SERVICE EFFORTS:

1. Increased use of the extended family for respite care, for support or child placement.

2. Use of homemakers as teachers of parents and as aides in respite care.

3. Use of parent aides, and parenting classes.

4. Use of a hot line for parents who need to talk or need to link up with someone - now considering a children's hotline.

5. Use of classes preparing teens for emancipation.

6. Use of a church group(s) who do birthday parties for children who are in their own families.

7. Use of a not-for-profit group to raise money for child and family support efforts.

8. Inclusion of foster parents as members of the team. Yearly retreats with foster parents invited. Foster parent/staff concerns committee. Regular scheduled foster parent education and training activities.

COMMUNITY EDUCATION AND COMMUNITY INVOLVEMENT EFFORTS:

1. Use of a not-for-profit group and advisory council
   --to be educated about the Agency
   --to be members of a speakers bureau.
   --to provide special donations of concrete items and to run our Christmas project.

2. A volunteer poster in industries with tear-off sheets to make volunteering easier or at least increase awareness of children services.

3. Use of volunteer management groups from industry to give assistance on several administrative problems while the group members learn more about our agency and its mission.

4. A public awareness campaign which emphasizes the agency being a part of the community which needs involvement of informed, knowledgeable and supportive community people.

5. A contract with our community's three private agencies to provide permanent planning and adoption services for children in the public agency's custody.

PROACTIVE PLANNING AND IMPLEMENTATION OF IMPROVED SERVICE DELIVERY:

While we continue to work with all the community and various groups which express concern about maltreatment of children, our main focus this pass year has been our family resource system.

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THE FAMILY RESOURCE SYSTEM

PREVENTING UNNECESSARY FOSTER CARE

In 1980, Census Data revealed that over 11,000 families with children are living below the poverty level in Montgomery County, Ohio. Of these, 46% are female households with children.

There has been a steady rise in unemployment since 1980 and although it appears to have leveled off, at least 9% of the total population is unemployed.

The current state of the economy and employment situation have put considerable strain on all families. In this geographic area children and family service agencies have felt the effects of this situation which has resulted in more children entering the out-of-home child care system. For example, in 1983 Montgomery County Children Services had an average of 518 children per day in temporary care outside their own home.

The community needs to keep families whole and functioning. This project develops a community-wide resource network to assist and strengthen families with private and public sector support.

Montgomery County lacked a community-sanctioned service system which provided not only information and referral, but actually linked families to needed resources, guiding them through the process, and assisting them in utilizing available services to their fullest potential.

The children and families in the community needed a resource system which provided a concentrated effort to address the problems of families. This system operates on three levels; first, to meet emergent needs and link families with basic resources such as food, clothing, and shelter; second, to provide support services that enhance the family's abilities to tap into existing resources such as information, referral, counseling, and assistance in use of educational, social, and concrete income services in the community; third, to educate the community about the needs of vunerable children and their families with the objective of developing innovative approaches to assist such families.

The project entails the development of a resource network which links families to specific resources, and teaches the survival or coping skills needed to make adequate connection and use of existing resources. The project utilizes the professional expertise of volunteers and staff in both the public and private sector to organize the resource network and provide outreach to families in the community.

THE NEED FOR SERVICES

The need for Children Services is determined by the community's reports of abuse and neglect made to the intake department of our Agency. The volume of cases opened to intake each month is monitored in order to determine what level of staffing is required to initiate investigation of all reported cases within 24 hours of the referral.

Upon receiving these complaints, our intake staff investigates the degree of risk to the child in any given situation. The result of this assessment will determine if service is needed to protect the child. Specifically, a determination is made as to whether or not service to the child can be provided at intake or because of the degree of harm, intensive intervention is needed from the casework staff located in 4 geographic area offices. If no risk to the child is found, the case is closed at intake. The volume of cases closed at intake is monitored in order to determine whether intake is meeting its objective of making a disposition on all cases within 30 days. The volume of cases transferred to our geographic area offices is monitored in order to determine what level of staffing is needed to adequately serve the assigned children and families.

Once a case is transferred to an area office, a variety of services are provided with the primary objective being, whenever possible, to maintain the child in his own home. Whenever necessary to protect the child, it may be determined that the child needs to be removed from the family and placed in substitute care.

The number and type of children in substitute care is monitored in order to determine resource needs and to project future costs. Children in substitute care are classified according to whether or not they have special needs entailing costs beyond the regular room and board rate paid for children in foster, relative or adoptive homes. Experience shows that the average stay in substitute care is two to three years.

The volume of cases closed each month is monitored in order to assure that cases are closed as soon as the risk to the child is reduced to a level where continued service is no longer needed to protect the child.

The volume of service activity is also monitored each month in order to assure that available staff is being efficiently utilized.

In 1983, 2,469 families were referred to Intake, representing 6,218 children. Of those, 790 (32%) families and 1,978 (32%) children were transferred to the geographic offices for ongoing services. Thus, the remainder, 1,679 (68%) families and 4,240 (68%) children were closed out of our system at the intake level.

In 1982, 2,286 families were referred to Intake, representing 5,464 children. Of those, 742 (32%) families and 1,815 (33%) children were transferred for ongoing service. The rest were closed at intake.

THE NEED FOR SERVICES

In order to determine who we are serving, what the major problems are facing our client population and what the contributing stress factors are that may directly result in the maltreatment of those youngsters, we periodically do studies of the clients we serve.

Most recently, we collected information by a random sampling of 10% of the cases opened at Intake and transferred to the Districts between the months of May 1983 and December 1983. This totaled 30 cases for each district.

Initially, this process included gathering information to develop profiles on the families we serve. We examined family composition, age, race, marital status, employment status, source of income, primary form of maltreatment assessed at the intake level, (neglect, physical and sexual abuse) and primary stress factors that contribute to the family's dysfunctioning or risk to youngsters.

Family stress factors were identified as:

- alcohol abuse
- drug abuse
- medical/physical disability of caretaker
- mental retardation of caretaker
- mental/emotional problem of caretaker
- new baby
- mental/emotional problem of child
- economic/physical living condition
- spouse abuse
- inability to cope with parenting
- disruption of family structure
- other

A severity rating was given to each family, based on a scale from 1-10, derived by averaging the numerical values given to the Family Risk Factor Profile assessed and recorded at Intake. This profile measures the degree of risk to the child. 15 factors are assessed in each Family Risk Factor Profile. Families where multiple forms of maltreatment occurred were counted in each appropriate category.

A profile of each District was developed illustrating the percent of cases falling into each one of the "identified problem" categories or Primary Form of Maltreatment (physical abuse, sexual abuse and neglect).

Profile of Each District
Using the 10% Sampling of
30 Cases from Each District

North	
Neglect	46%
West	
Neglect	68%
Southeast	
Neglect	34%

Summary:

In the North District 46% of the 30 cases examined were opened to ongoing services because of neglect compared to 34% in the Southeast and 68% in the West. Our West District has a predominance of Black families.

In the West District 8% of the youngsters examined in the 30 cases, were victims of sexual abuse, compared with 17% in the North District and 30% in the Southeast.

The prevalence of neglect cases in each district further documented our belief that a family resource system is an efficient cost effective approach to further reduce the use of substitute care.

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CLIENTS SERVED

AVERAGE DAILY NUMBER OF CHILDREN SERVED

Findings show that the sumulative cost saving of serving children in theor own home versus substitute care are considerable, amounting to more than eight million dollars for Montgomery County over a period of seven years.

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AVERAGE DAILY NUMBER OF CHILDREN SERVED

TYPE OF SERVICE PROVIDED	1978	1979	1980	1981	1982	1983	1984	1985
Children with Special Needs in Substitute Care	95	92	94	100	125	122	127	132
Annual Percent Change		-3.16%	2.17%	6.38%	25.00%	-2.40%	4.10%	3.94%
Children w/o Special Needs in Substitute Care	524	488	483	477	460	483	498	513
Annual Percent Change		-6.87%	-1.02%	-1.24%	-3.56%	5.00%	3.11%	3.01%
SUBTOTAL: SUBSTITUTE CARE	619	580	577	577	585	605	625	645
Percent of Total Children Served in Substitute Care	* 34.93%	30.38%	28.08%	24.36%	22.74%	21.63%	19.73%	18.20%
Children in Own Homes	1153	1329	1478	1792	1988	2192	2543	2899
TOTAL AVERAGE DAILY NUMBER	1772	1909	2055	2369	2573	2797	3338	3724
Annual Percent Change		7.73%	7.65%	15.28%	**8.61%	8.71%	19.34%	11.87%
COST BENEFIT ANALYSIS Average Cost Substitute Care	$2,337	$2,704	$3,088	$3,329	$4,048	$4,029	$4,371	$4,743
Cost at 34.93% Rate of Children in Substitute Care	1,446,336	1,803,271	2,216,882	2,754,703	3,638,135	3,936,301	4,837,386	5,871,500
Actual Cost Substitute Care	1,446,336	1,568,502	1,782,001	1,953,086	2,449,273	2,481,800	2,582,257	2,960,677
Annual Cost Savings	0	234,769	434,880	801,617	1,188,863	1,454,501	2,255,129	2,910,823
Cumulative Cost Savings		234,769	669,649	1,471,266	2,260,129	3,714,630	5,969,759	8,880,582

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*For instance in 1978, 34.93% of all children served by Children Service were out-of-home.

**In 1983 the percentage had dipped to 8.7%.

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SECTION 2A: CLIENTS SERVED

CHART 2: COMPARATIVE COSTS IN SUBSTITUTE CARE 1978 THRU 1983

Findings show that children with special needs (i.e., mental health, unruly behavior, and/or developmental disability) are currently the most expensive category of child being served. The additional expense associated with caring for these children is caused primarily by the absence of alternatives available in the local community which results in having to place these children in more expensive institutions and group home substitute care settings.

A concerted effort on the part of the community to develop alternative community based care holds great promise for reducing the costs of care and improving the quality of care for these children with special needs. A community based system of care would provide these children with closer contact with their families and afford them with the opportunity to enter into adulthood on a more independent and self sufficient basis.

An initial step in this direction was taken with the funding of the Transitional Services Project from the Human Services Levy Discretionary Funds.

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SECTION 2A CHART 2:

MONTGOMERY COUNTY CHILDREN SERVICES

July, 1984

Comparative Costs in Substitute Care 1978 thru 1983

	1978	1979	1980	1981	1982	1983
CHILDREN WITHOUT SPECIAL NEEDS						
FOSTER CARE Children	409	384	364	340	341	358
Amount	$662,530	$653,934	$638,429	$652,481	$760,729	$865,736
RELATIVE HOMES Children	73	53	44	30	22	23
Amount	$128,480	$97,348	$84,961	$65,548	$55,137	$58,711
SUBSIDIZED ADOPTIONS Children	30	37	41	57	76	92
Amount	$48,564	$63,075	$74,016	$100,527	$136,186	$160,929
EMERGENCY FOSTER CARE Children	12	14	34	50	41	21
Amount	$15,888	$30,060	$72,622	$117,499	$117,750	$44,735
TOTAL AVERAGE DAILY CHILDREN	524	488	483	477	480	494
Amount	$855,463	$844,417	$870,028	$936,056	$1,069,802	$1,130,111
Average Cost Per Child	$1,633	$1,730	$1,801	$1,962	$2,229	$2,288
Percent Change by Year		5.99%	4.10%	8.94%	13.57%	2.64%
CHILDREN WITH SPECIAL NEEDS						
FOSTER CARE Children	37	36	35	42	55	55
Amount	$105,291	$173,313	$200,498	$281,809	$412,016	$511,570
SPECIAL PLACEMENTS Children	5	3	2	2	3	3
Amount	$8,340	$4,625	$4,902	$10,535	$6,027	$6,342
RELATIVE HOMES Children	5	8	5	3	1	2
Amount	$8,045	$11,138	$8,444	$5,747	$3,111	$2,821
SUBSIDIZED ADOPTIONS Children	2	1	2	7	11	13
Amount	$1,962	$1,836	$4,458	$13,459	$23,898	$34,807
GROUP HOMES No. of Children	15	14	20	23	26	23
Amount	$110,216	$116,808	$210,999	$279,599	$379,422	$343,575
INSTITUTIONS No. of Children	31	30	30	23	29	21
Amount	$357,019	$416,365	$482,672	$393,615	$554,997	$452,974
Average Daily No. of Children	95	92	94	100	125	122
Total Cost Special Needs	$590,873	$724,085	$911,974	$984,765	$1,379,471	$1,351,689
Average Cost Per Special Child	$6,220	$7,870	$9,702	$9,848	$11,036	$11,079
Percent Change by Year		26.54%	23.27%	1.50%	12.07%	0.40%
AVERAGE DAILY NO. CHILDREN	619	580	577	577	605	616
TOTAL COST ALL CHILDREN	$1,446,336	$1,568,502	$1,782,001	$1,920,820	$2,449,273	$2,481,800
AVERAGE COST PER CHILD	$2,337	$2,704	$3,088	$3,329	$4,048	$4,029
PERCENT CHANGE BY YEAR		15.74%	14.20%	7.79%	21.61%	-0.48%

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FAMILY AND CHILDREN RESOURCE SYSTEM

In order to continue to serve more children in their own homes, a family and children resource system operates out of Children Services to serve the following target groups:

1. Families who are in danger of a child being placed due to lack of a) concrete resources, such as food, clothing and shelter; b) the survival of coping skills needed to make adequate connection and utilization of existing helpers and resources.

2. Families whose children could be returned home but the concrete resources of food, clothing and shelter are needed and the acquisition of such on a timely basis is problematic.

3. Single parents who need assistance in making a decision about parenting, developing life management skills, acquiring concrete resources (a job, food, clothing, shelter and health care), getting connected to appropriate helpers and making use of available resources.

4. Adolescents in Children Services' care who need assistance in a variety of ways in becoming emancipated, i.e., acquiring a job, food, clothing, shelter, life management skills, counseling, vocational, educational, etc.

The objectives in serving these groups through the Resource System are:

1. Decrease the number of children requiring out-of-home care.

2. Decrease the length of out-of-home care for those children who must be placed.

3. Increase the number of single parents who successfully deal with a problem pregnancy and the various aspects of parenting.

4. Increase the number of adolescents in our care who successfully become emancipated.

5. Decrease the amount of time spent by staff unearthing resources for individual clients and making successful linkages to resources.

We provide the following services from this system:

1. Information and Referral which includes calling the resource or going with the client to make appropriate applications.

2. Education and Support Services which are geared to teaching the client what he needs to know and do to make constructive use of community resources.

   Individual and Group Instruction about what is available, what eligibility requirements are, and how and what you must do to meet those requirements.

3. Provision of and Linkages to emergency and crises services.

4. Case Planning, Follow Along and Follow-Up to lessen the danger of repeated emergencies and crises.

Referrals to the System are made by the Children Service staff. Our hope is that as our system develops further we will be able to encourage clients to self refer. We are heavily committed to education and empowerment of families and children as a primary method to prevent unnecessary foster care.

Our family resource system is working. We are serving more children in their own homes or returning children home more quickly. However, we are not where we want to be with it as our objective is to use concrete services and family support services with families as easily and as automatically as we use out-of-home care. Case examples cross my desk which indicate we are sometimes able to do that, but not always.

Presented at:

Black Child Development Institute
October 12, 1984

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